## KANSAS PERINATAL HEPATITIS B PROGRAM HOSPITAL AGREEMENT FORM

For use with newborn infants born to women who are HBsAg (hepatitis B surface antigen) positive.

	Hospital/Medical Center
cei	ves from the Kansas Perinatal Hepatitis B Program through the
	County Health Department
ill r	meet the following requirements:
•	The HBIG and hepatitis B vaccine will be administered intramuscularly, at the appropriate high-risk infant dose, once the baby is physiologically stable, within 12 hou of birth.
•	The hospital will provide to the parent/guardian of each infant receiving vaccine a copy of the currently approved Vaccine Information Statement (VIS). The parent or guardian will be given the opportunity to read the VIS and ask questions. (Additional copies of the VIS are available through the Kansas Immunization Program).
•	At the time the VIS is given to the parent, the hospital will document in the infant's permanent record, the following information.  a. The date of HBIG and vaccine administration.  b. The manufacturer and lot number of the HBIG and vaccine.  c. The name of the individual administering the vaccine.  d. The name and address of the hospital where the vaccine was given.
•	The hospital will notify the local county health department and the infant's health care provider that the HBIG and vaccine were given.
•	The hospital is not to charge the patient, their insurance company, or Medicaid for the hepatitis B vaccines that are provided by the Kansas Immunization Program. An administration fee, not to exceed \$14.88, may be charged per dose of HBIG and hepatit B vaccine given.

t There is no federal contract in place which would allow the Immunization Program to purchase HBIG. Orders for HBIG will only be honored on an "as needed" situation and must be ordered by the hospital pharmacist under physician orders. The hospital may then send the bill to the Immunization Program for reimbursement of the HBIG, if there are no other means of reimbursement (i.e., insurance coverage).